DOCUMENT RESUME

ED 228 792 EC 151 646

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|---|---|
| AUTHOR | Anderson, Joan; Black, Talbot |
| TITLE | Mainstreaming Handicapped Preschoolers. Proceedings of a Topical Workshop. TADscripts '82. |
| INSTITUTION | North Carolina Univ., Chapel Hill. Technical Assistance Development System. |
| SPONS AGENCY | Special Education Programs (ED/OSERS), Washington, DC. Handicapped Children's Early Education Program. |
| REPORT NO | TADScript-6 |
| PUB DATE | Sep 82 |
| CONTRACT | 300-80-0752 |
| NOTE | 84p.; Proceedings of Topical Workshop on Mainstreaming Preschool Handicapped Children (Raleigh, NC, March 15-17, 1982). |
| PUB TYPE | Collected Works - Conference Proceedings (021) |
| EDRS PRICE | MF01/PC04 Plus Postage. |
| DESCRIPTORS | Demonstration Programs; *Disabilities; Early Childhood Education; Intervention; *Mainstreaming; Parent Education; Preschool Education; Student Adjustment; Workshops |
| IDENTIFIERS | Technical Assistance Development System |

ABSTRACT

The document offers proceedings from a Technical Assistance Development System (TADS) topical workshop designed to explore the implications of mainstreaming for early childhood education. The first section contains an adaptation of the keynote address by A. Turnbull titled "Integration of Handicapped Children in Home, School, and Community." Turnbull uses examples from her personal experiences to illustrate problems and means of integrating a handicapped child into the family. A second section offers abstracts of 19 workshop sessions. Among the topics covered are the following: Project KIK (Kentucky's Individualized Kindergarten), the ERIN (Early Recognition Intervention Network) outreach program, parent training, daycare programs serving handicapped children, research implications for mainstreaming preschoolers, effects of early childhood mainstreaming, sensitivity training for mainstreaming, and the family resource network. A final section summarizes participants' reactions to workshop experiences. Noted among reactions is that comments support the intent that the workshop not solely promote mainstreaming but examine benefits and detriments to children, parents, and staff. Appended are a list of presenters, a list of audiovisual media shown, and the workshop agenda. (SW)

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Proceedings of a Topical Workshop:

# Mainstreaming Handicapped Preschoolers

Joan Anderson
Talbot Black

TADScripts '82

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This TADScript (Number 6) was prepared for Demonstration and Outreach Projects, State Implementation Grants, and Research Institutes of the Handicapped Children's Early Education Program (HCEEP) administered by Special Education Programs (SEP), U.S. Department of Education.

This material is published by the SEP-funded Technical Assistance Development System (TADS), a support system for eastern Demonstration Preschool Projects and State Implementation Grants. TADS provides technical assistance to designated projects and states when it is requested and needed. TADS is located at 400 NCNB Plaza, Chapel Hill, North Carolina 27514. Our phone number is (919) 962-2001.

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September 1982

TABLE OF CONTENTS

ACKNOWLEDGEMENTS . . . . . 4

INTRODUCTION . . . . . 5

KEYNOTE ADDRESS:

Integration of Handicapped Children in Home, School, and Community - Ann P. Turnbull . . . . . 9

ABSTRACTS OF WORKSHOP SESSIONS . . . . . 29

SUMMARY: REACTION OPPORTUNITIES . . . . . 75

APPENDICES

Presenters . . . . . 83

Media . . . . . 87

Workshop Agenda . . . . . 89

ACKNOWLEDGEMENTS

Many people were responsible for the planning and coordination of the topical workshop on Mainstreaming Preschool Handicapped Children, held March 15-17, 1982, at the Howard Johnson's Hotel at Raleigh, North Carolina.

TADS' workshop coordinators were Joan Anderson, Talbot Black and Michael Woodard. James J. Gallagher, Director of the Frank Porter Graham Child Development Center, of which TADS is a part, welcomed the participants and introduced the Keynote Speaker, Ann P. Turnbull. Other TADS staff members who assisted at the workshop were Patricia Vandiviere and Margaret Cox.

The members of the planning committee deserve special mention for their help in conceptualizing and planning the workshop. They are: Ann Turnbull, Nancy Peterson, Mike Guralnick, Betty Bright, Marian Hainsworth, Phil Strain, Anne Sanford, Dorothy Cansler and Shirley Vulpe.

## Introduction

Mainstreaming has become an established concept in special education. But what special problems, issues, and opportunities does mainstreaming present to the preschooler and his or her family, teachers, and school? A TADS topical workshop, March 15 to 17, 1982, at Raleigh, North Carolina, explored the implications of mainstreaming for early childhood special education. The workshop was designed to: enhance communication among researchers, teachers, administrators, personnel trainers, and parents; exchange information and ideas on best future practices and directions; and explore issues of concern, especially the pros and cons of mainstreaming preschool children.

More than 90 participants gathered at Raleigh from 18 states, some as far as California, Washington, Maine, and Nova Scotia. The participants represented 23 HCEEP projects and other early childhood programs such as Head Start, day care, and preschool incentive grant projects in North Carolina.

Keynote speaker Ann Turnbull of the University of Kansas spoke on integrating the handicapped child in the family, school, and community. Turnbull, a mainstreaming researcher, teacher trainer, and parent of a handicapped child, used examples from her personal experiences to address the problems and means of integrating a handicapped child into the family. Her entire speech is included in this publication.

The workshop included sessions on research findings and implications, preschool mainstreaming training programs, and mainstreaming models and materials. Most presenters were from HCEEP projects and research institutes. Media presentations on mainstreaming were given, and project materials were displayed. Abstracts of these presentations are provided in this publication.

The final workshop session explored the pros and cons of mainstreaming preschoolers. Marian Hainsworth of Project ERIN, Dedham, Massachusetts, and David Lillie, University of North Carolina at Chapel Hill, took contrasting sides of the point/counterpoint discussion. Hainsworth focused on the purposes and benefits of preschool mainstreaming for handicapped and nonhandicapped children, families, teachers, and administrators. Lillie cautioned the acceptance and adoption of mainstreaming as the primary mode for educating preschool handicapped children. He pointed out unproven assumptions about mainstreaming and weaknesses of a mainstreaming approach if implemented under less than ideal conditions. He emphasized considering the individual child's needs, and that mainstreaming is probably not for everybody.

A unique feature of this workshop evolved as TADS and its workshop planning committee wrestled with the question of how to explore the many issues they had identified and communicate the results to a wider audience. It was decided to set aside the day before the workshop for an in-depth discussion of those issues.

Individuals representing a wide range of experience and a diversity of perspectives were invited to participate. They included researchers, teacher trainers, program developers, preschool administrators, and parents of handicapped children. Three discussion groups were formed and issues were assigned to each group. Chairpersons for each group developed a series of specific questions to structure the discussions and sent them to the group members prior to the workshop. Five topic areas were explored by the three groups. Listed below are the members of each group and the topic areas they addressed:

GROUP I -- Defining Mainstreaming/Administrative and Legal Issues

Michael Guralnick, Ohio State University, Chairperson
Betty Bright, Kentucky SEA
Sam Odom, University of Washington
Joyce Farmer, Knoxville, Tennessee, Head Start
Eleanor Baxter, UCLA
Sylvia Strumpf, Fairfax County Schools, Virginia
Talbot Black, TADS, Facilitator

GROUP II -- Focus on the Child and Family

Phil Strain, University of Pittsburgh, Co-Chairperson
Dot Cansler, Chapel Hill Outreach Project, Co-Chairperson
Susan Fowler, University of Kansas
Judy Berry, Tulsa, Oklahoma, HCEEP Project
Missy Parker, Chapel Hill, North Carolina
Ann Turnbull, University of Kansas
Sally McCarthy, Parent, Greensboro, North Carolina
Joan Ruskus, Sonoma State University, California
Joan Anderson, TADS, Facilitator

GROUP III -- Focus on Training

Nancy Peterson, University of Kansas, Chairperson
Marian Hainsworth, ERIN Outreach Project, Dedham, Massachusetts
Don Bailey of University of North Carolina at Chapel Hill
Julia Williams, Learning Together, Inc., Raleigh, North Carolina
Crystal Kaiser, Dartmouth Medical School, New Hampshiere
Gordon Bleil, University Park Press, Baltimore, Maryland
Michael Woodard, TADS, Facilitator

The chairpersons reported the discussions to the entire workshop. The discussion will become a future publication, Issues in Preschool Mainstreaming.

This proceedings document will provide readers with a synopsis of the thoughts and ideas enunciated at the workshop.

The material is organized in the following manner:

... the adaptation of Ann Turnbull's keynote address;

... abstracts of the workshop's concurrent sessions;

... a summary of the results of reaction opportunities afforded workshop participants;

... Appendices which include presenters, media shown at the workshop, and the agenda.

# INTEGRATION OF HANDICAPPED CHILDREN IN HOME, SCHOOL, AND COMMUNITY

by Ann Turnbull
(adapted from Keynote Address)

# Integration of Handicapped Children in Home, School, and Community

by Ann P. Turnbull

The concept of integration is an extremely humanistic one. Webster defines integration as follows: "To make into a whole by bringing all parts together; unify." This presentation will focus on integrating or unifying handicapped children with significant others in the home, school, and community.

Integration is typically used in special education literature to refer to the placement of handicapped children in regular school settings with nonhandicapped peers. The terms, integration and mainstreaming, often are used interchangebly. Integration of handicapped children in school settings is undoubtedly an important component of the total integration process, but it represents a rather narrow focus of the total life experience of handicapped children. The success of integration of handicapped children in any one setting--home, school, or community--is enhanced by success in other settings. I am reminded of the axiom: the whole is greater than the sum of its parts.

From the outset, I want to let you, the reader, know the perspectives from which I am sharing thoughts with you. I am the mom of a son who is mentally retarded. Jay is 15 years old and is the oldest of our three children. He has had a combination of both integrated and specialized experiences--he lived in an institution when he was younger and has been reintegrated in our family for the last 8 years; he has attended a special school serving only handicapped children and a special class housed at a regular school in the neighborhood; he has been mainstreamed with nonhandicapped children in community-sponsored summer campls and also has attended community programs specifically devised for special populations. As

I have grown with Jay over the years, I am increasingly convinced that I have learned far more from him than he has learned from me. Many of the ideas in this chapter come directly out of the experiences I have shared with Jay.

The other perspective reflected in the presentation is that of a special educator. Having taught handicapped children in integrated and specialized settings, my thinking has definitely been shaped by professional experiences. Also I am well aware of the philosophical, legal and pedagogical viewpoints on integration. Throughout the presentation, I will endorse some of these viewpoints and take issue with others.

Let's begin our thinking about integration by focusing on the handicapped child at home.

## Integration Within the Home

Integration of handicapped children has to begin at home with members of the family. If integration cannot be accomplished at home, the child has a high probability of being the target of physical and emotional abuse, neglect, and being put on "permanent time-out."

It is first important for us to consider what integration of handicapped children into the family means. What constitutes integration? There are many factors that contribute to unifying handicapped children with other members of the family. An entire book could be written on this topic alone. For the purpose of this presentation, I have chosen to emphasize two factors:

** Parents, siblings, and extended family loving the handicapped child and finding joy in the relationship;

** the family feeling adequate to meet the child's needs.

Research has shown that the bonding between parents and children frequently is impaired when a child is handicapped; and that the incidence of child abuse is higher in families with a handicapped child (Embry, 1980).

Emotional crises can fully be expected as family members work through the process of coming to grips with the chronic and life-long implications of their child's handicap. Grief and chronic sorrow are adaptive and human responses during this process. I want to say that again because I have run into too many professionals that do not recognize this fact--grief and chronic sorrow are adaptive and human responses during this process.

How can we help families build a loving, joyful relationship with their child? First, I believe family members need to grieve. They need people who will listen (and not always give advice), be supportive, and not gloss over their pain. Too often our goal as professionals is to get parents "involved" and to get them to look on the sunny, cheerful side of every issue associated with the handicap. Parents learn that they are expected to be Pollyannas and, if they are not, they are likely to be targeted as "non-accepting, poorly adjusted." So what happens? Many parents carry the grief inside without a human outlet for dealing with it. But the grief comes out in other ways that are not nearly as constructive as an open, supportive talk with a person who cares. Parents of handicapped children are entitled to the sanction of humanness with the full complement of emotions that humanness entails.

Parents also need help to understand the process of adjusting to their child's handicap. It's a cyclical process that must be renegotiated at the various transition points of the child's life (e.g., birth, entering school, adolescence, finishing school, leaving home, adult years). Developing a loving, joyful relationship with a handicapped child is substantially influenced by one's own philosophy toward differences. I have some concerns about the strong emphasis that professionals place on normalization. This philosophical belief pervades much of the literature on integration. My problem with normalization is that handicapped children--particularly those

with moderate and severe handicaps--have differences that are real. Normalization denys the differences and sets expectations that handicapped people should meet.

In Jay's case, applying the concept of normalization implies that he should do what other 15 year olds do, so he can "fit in" with the norm of society. There is a major catch, however. Jay does not like to do what many other 15 year olds do. he is not "hung up" on whether or not society accepts him. He accepts himself. He knows what he likes to do. Being different is OK from his perspective. For a long time, I wanted Jay to be something that he is not. I wanted him to get better; learn more skills; fit in with cultural expectations more appropriately; and, in a nutshell, to not be so retarded. My relationship has become far more joyful with him as I have learned to respect his individuality rather than trying to make him over in the image of a normal person. I have learned that I must enter his world and see things from his perspective; I cannot always require him to enter our world. Neither can I always protect him from being deviant and protect others from being uncomfortable around him. The fact that must be recognized is that Jay has just as much a right to his lifestyle as the rest of us have to ours. I believe that a philosophy that places value on individuality, rather than normative expectations, will enhance the family integration of handicapped children.

Such a philosophy is important for brothers and sisters of handicapped children as well as for parents. I spent a lot of time thinking about how to prepare our younger daughters to understand mental retardation and to develop a loving relationship with Jay. I believe that it is critically important for parents to receive guidance and support to unify their handicapped child with siblings.

My daughter gave me some insights into ways to approach this issue with young children. Amy had just had her fifth birthday when we had our first talk about Jay's differences. Because her friends were asking her what was wrong with her brother, we knew that we must explain the situation to her even though she had not expressed any concerns and questions herself. In a heart-to-heart conversation with Amy, we told her that Jay is mentally retarded which means that "his brain works slowly and he has a harder time learning." This explanation was difficult for Amy to comprehend, since she loves Jay very much. After puzzling over how such a thing could have possibly happened to Jay, she asked how her and her sister's brains work. I explained to her that their brains work fast and Jay's brain works slowly. Amy's immediate response was to ask, "Are brains like record players?" Feeling rather ashamed that I, the special educator, could not have come up with such an appropriate example, I responded telling her she had exactly the right idea. But once again she brought me up short. Amy continued, "Mom, you're not telling me one thing--the record player plays music on both speeds. Jay might be slow and Kate and I might be fast, but all three of us can play music." That is what family unification is all about--from the untarnished view of a five-year-old.

Just as sibling integration is essential, so is integration of the handicapped child with extended family and family friends. Entended family members often want to help but are not around the handicapped child frequently enough to develop a relaxed and joyful relationship. Also they may not feel comfortable taking care of special needs such as incontinence, seizures, stereotyped behavior, and language deficiencies. Thus, family members can be unprepared to fulfill a support system role. On the other hand, the parents of the handicapped child can feel alienated and rejected by a family unable to

relate to their child and love him only from a distance. My sister aptly pointed out to me:

> There are books and professional help available for parents and teachers to learn how to fulfill their roles with handicapped children, but there is nothing available to help the aunts, uncles, grandparents, and cousins. We want to help Jay and to be supportive of you, but we don't know how. And we get down on ourselves because we don't know. I wish there would be help available for us."

Model preschool projects increasingly are developing programs for siblings and extended family members to help them build positive relationships with handicapped children (Berger & Foulkes, 1980; Gabel & Schwartz-Kotsch, 1981). I wholeheartedly endorse this trend and hope that it widens our conception of parent support to one of family support.

## Helping Parents to Feel Adequate

An important strategy to ensure the integration of a handicapped child in the family is to help parents develop a sense of adequacy to meet their child's needs and their own needs. What does it mean to feel adequate? First, I will explain what adequacy does not mean. It does not mean that parents have to be super parents who are invariably cool, calm, collected, well-adjusted, and in control. Being a super parent requires too much energy and is not worth the effort. I am reminded of a passage written by Bennett (1978) on this subject:

> I recently watched a young woman in a shoe store as her Mongoloid daughter marched up and down among the racks, humming, clapping her hands, talking to her image in the mirror. Every bone, muscle, and nerve in the mother's body was concentrated on the task of appearing composed, at ease, unembarrassed. Somehow it seemed that just being the child's mother was not enough, not the major task. What was more important was the role of "well-adjusted parent," of conveying the message to an ever-observing public that she was managing, she was doing well; it was not getting her down. Yet the tension in her pose, the studied casualness with which she noted the youngsters activity.... I took out my notebook and scribbled a reminder to myself: Don't ever cast yourself in the role of well-adjusted parents. It's too much work. (pp. 158-159)

Now that we know what parental adequacy does not mean, let's define what it does mean. Parental adequacy involves the ability to balance the interests and needs of self, spouse, and children; to set priorities for given circumstances; and to develop confidence in one's ability to make choices and act on them. Sondra Diamond (1981), a psychologist and physically disabled adult, reflects on her experiences with her parents as follows:

> My parents as individual people were constantly asking themselves, "Am I doing the right thing?" This was further compounded by the question, "What is more important at the moment, my disabled child's need, my need, or my spouse's need?" What are the effects of these conflicts on each parent, on the marriage, and on the disabled child? The potential effects are myriad. Confused adults, an aliented couple, and an egocentric child, to name just a few. People have a limited amount of psychic energy.... If we are forced to juggle this psychic energy for a sustained length of time in such a way as to spread it around "equitably" (between self, spouse, and child), we feel frustrated, exhausted and ultimately confused. In this fog-like state, disintegration takes place: disintegration of one's own personality and disintegration of interpersonal relationships. To avoid this bleak forecast, it is imperative that a parent of a disabled child finds a comfortable level at which to function. (p.20)

There are many ways that professionals can support parents as they try to develop a sense of adequacy:

** Place emphasis on supporting parents in being parents first and foremost, rather than teachers or advocates; encourage parents to spend relaxing and fun-filled moments with their child rather than placing almost total emphasis on skill development.

** Let parents know that you recognize the positive contributions they are making to their children. Tell them that they are <u>good parents</u> --most moms and dads are starved to hear it.

** Tailor parent involvement activities to the needs, interests, and time availability of parents.

** If parents so choose, allow them to opt out of involvement in preschool programs <u>without feeling guilty</u>.

** Encourage parents to spend time away from their child and help to prepare a trained group of child care providers (including respite care).

** Provide opportunities for parents to learn assertiveness and advocacy skills that will enable them to cut through the red tape and get the services they need.

** Help parents identify their priorities and develop strategies to act on these priorities, including training in time management.

** Help parents look in the mirror and say, "I am important. My needs must be met, too. Sometimes meeting my needs must be postponed for awhile; at other times, my needs are the major consideration. I will not sell out on myself."

Supporting families in developing loving relationships with their child and a sense of adequacy can help bind families together so that, in Amy's words, they can all make music in harmony with each other. This is the essence of family integration.

## Integration at School

Integration can occur in many different forms within school settings. Basically, integration has two essential components: instructional integration and social integration. The actual placement decision for each handicapped child should be made on an individual basis in light of each child's instructional and social needs. Some handicapped children can be served more appropriately in specialized settings, others in fully mainstreamed settings, and still others in various combinations of specialized and mainstreamed programs. Regardless of the type of setting in which a child is placed, instructional integration of the curriculum and teaching strategies and social integration with the teacher and classroom peers should occur.

Frequently we equate the concept of integration with mainstreaming. However, instructional and social integration should be the goal of every program--not exclusively ones attended by nonhandicapped children. The focus of this workshop, however, is on mainstreaming. Therefore, it is within that context that the concept of integration will be discussed.

Instructional Integration

To be instructionally integrated, the curriculum (i.e., content) taught in the classroom and the teaching strategies used (i.e., methods and materials) must be adapted to the special needs of the handicapped child. Curriculum adaptations usually involve teaching concepts and skills on a lower developmental level for students achieving below age-expectations. Alternative teaching strategies are needed for students who have special needs in the "input" or "output" sensory channels they use. For example, a visually impaired child requires more tactile and auditory input; a hearing-impaired child requires more visual input.

My major concern about instructional integration is that many classroom teachers have not had sufficient training to prepare them to be competent and confident teachers of handicapped children. Over the last eight years, the federal government has awarded grants to colleges and universities to help them revise their teacher education curricula to include training for early childhood, elementary, and secondary majors on the topic of mainstreaming. Change was expected to occur rather rapidly in higher education institutions, but eight years later pervasive change has not become a reality. Teacher preparation is a much more complex issue than it appears to be on the surface. The problem is not one of simply preparing teachers in skills related to instructional integration. The problem is very complex and is related to the following factors:

** Many college and university faculty members responsible for preparing teachers do not have knowledge and skills associated with educating handicapped children.

** There is limited incentive for faculty members to gain new knowledge and skills.

** Many faculty members perceive that it is an infringement of their academic freedom for someone to suggest that mainstreaming competencies might be included in their courses; rather, their view is that they "own their courses."

** There are outcrys from faculty that it is impossible to add one more thing to an already overloaded teacher education curriculum.

Thus, the tremendous need that exists for teacher preparation related to mainstreaming is a symptom of a much larger issue. This issue is the fundamental need for systemic and organizational change of teacher education programs. The cutting edge training questions to be addressed are:

** What processes can be used to ensure that teacher education faculty in colleges and universities stay abreast of the new knowledge in their fields?

** What is the impact of tenure on the level of curriculum innovation and degree of faculty motivation for staff development?

** What is the balance between a faculty member's claim to academic freedom and his or her responsibility to prepare teachers who are comprehensively trained for all of their responsibilities, including mainstreaming, in a four-year program?

** Granted that five-year programs may be needed, how can we justify them in light of teacher salary and status?

It is our failure to address these questions that is creating the dearth of teachers who have the expertise to instructionally integrate handicapped children into regular class settings.

Social Integration

Though instructional integration is necessary for handicapped children to achieve success in mainstreamed settings, it is not singularly sufficient. Social integration must also occur. Social integration generally refers to peer interaction and the development of friendships. This concept is extremely difficult to operationalize. In fact, I beleive that more research is needed on identifying the preferences of children (handicapped and nonhandicapped) for social integration. Often in the mainstreaming literature several assumptions are made about social integration including:

** the more peer interactions the better

** interactions with nonhandicapped peers are preferable to interactions with handicapped peers

** peer interactions can be equated with friendships.

It is important to recognize that these are assumptions rather than facts. We need to focus on individual preferences for involvement. For some children, one friend may be enough; for others 10 may not be enough. Some handicapped children may enjoy and value interactions with handicapped rather than nonhandicapped friends. Emphasis may need to be placed on increasing the social contacts of some children; others may need to decrease time with peers and to learn to enjoy being alone. I think it is just as important for children to value being alone as it is for them to value interacting with peers. An attribute of Jay's that I highly respect is his firm belief that he is in good company when he is alone. Thus, my major point is that we need to start with the needs and preferences of each child, recognizing that social

opportunites, similiar to curriculum and instructional strategies, need to be individually tailored.

The involvement of nonhandicapped peers as models or tutors for handicapped children in mainstreamed settings has been a major strategy for intervention. This peer teaching approach has been used successfully to increase handicapped children's social integration.

Increasingly, it is being recognized that handicapped children can also be effective tutors. In fact, a strategy for enhancing the social status of handicapped children is to provide opportunities for them to help others rather than to always be the recipients of help. A blind child may be able to be the music leader; a physically handicapped child may tutor in language skills.

Another form of peer tutoring would be to match older handicapped persons who have made successful adaptations to their handicaps with younger handicapped children. I beleive that young handicapped children need mentors, just as nonhandicapped children do. Certainly, a mentor for a handicapped child may be a nonhandicapped individual, but it is also important to realize that a handicapped person may be just as appropriate to have as a mentor. In some cases, a handicapped person may be more appropriate. What a powerful learning experience to see a person with an identical handicap doing many productive things and making ingenious compensations that can only be learned by experiencing the 24-hour reality of a handicap.

We are in the process of setting up such an experience for Jay with Bernie, a 25-year-old, mentally retarded man. Bernie may be mentally retarded in intelligence, but he is gifted in social skills. He works at a sheltered workshop, lives alone in an apartment, and is heavily involved in community activities. Bernie has agreed to be Jay's "big brother." In this role, he

does things such as going on recreational outings with him, giving him advice on appropriate behavior, helping him learn to do vocationally oriented tasks, talking to him about how it feels to be stared at in public and ways to react when people call you retarded. It's a relationship that has many positive outcomes for both Jay and Bernie. Jay has learned "tricks of the trade" that no nonretarded person could have taught him as effectively. Bernie is delighted with the opportunity to be a teacher and has clarified substantially his thinking and increased his skills in the process of helping Jay. I think we will capitalize on extremely functional learning opportunities when we systematically take advantage of the wealth of insider's information that handicapped children and youth possess. Such information can postively contribute to successful social integration.

My final point related to social integration in school settings is to underscore the need to increase nonhandicapped children's knowledge and understanding of handicapping conditions. A surge of attention has been given to such instruction at the elementary level during the last several years, and many intervention approaches including simulations, media, and instructional units have been field-tested. This type of preparation needs to continue, but I believe it needs to start at the preschool level. It has been documented that negative attitudes toward nonhandicapped peers begin to occur around the ages of 3 or 4 years. Thus, it would seem that intervention should be focused on this age group.

My husband and I had some delightful experiences working with our daughter's preschool class on handicaps. The children examined a hearing aid and learned their names and a couple of familiar songs in sign language. They were visited by a 4-year-old blind child who explained to them how he used his cane and showed them his Braille books. And, they rode in a wheelchair and

learned about how one of our adult friends, Ron, plays wheelchair basketball. Ron is a handsome, personable adult who captivated the children's attention. At the end of his 40-minute visit, a four-year-old child looked up at him and said, "Ron, I have been looking at your wheelchair the whole time. But next time I see you, Ron, I will be able to look you in the eyes." Shouldn't this be the outcome of social integration? In the literature frequent reference is made to the fact that nonhandicapped children need to understand handicaps and to develop respect for differences; rarely is the same need identified for handicapped children. It cannot be assumed that handicapped children understand the nature of their own handicaps and certainly not other types of handicaps. Thus, all children need the opportunity to increase their knowledge as a basis for enhancing their social integration with peers.

## Integration Within the Community

Integration into families and schools does not totally round out the life experience of handicapped children. Integration into community life is also an extremely important dimension. Tremendous emphasis currently is being placed on the development of community residential arrangements (e.g., foster care and group homes) and educational programs to prevent the institutionalization of handicapped children. An issue that has not received sufficient attention is the readiness of the community at large to provide an inclusive environment for handicapped children. There are many facets of community integration--inclusion in neighborhood activities, churches/synagogues, and community-sponsored recreation.

Neighborhood integration helps to enhance family integration, provides opportunities to build friendships that can carry over to school, and adds a dimension of pleasure and support to one's life. Neighbors can be an incredibly rich source of emotional support, guidance, and advocacy. Jay has

derived tremendous benefit from the neighborhood integration he has experienced. When he was seven, two of the best advocates I have ever known lived next door. Lori and Becky, only slightly older than Jay, recognized the very important principle that "less able does not mean less worthy." They developed a friendship with Jay that was not based on sympathy or missionary zeal. They took Jay around the neighborhood and introduced him to the other children. Since Lori and Becky had the respect of their peers, Jay was not an outsider as long as they vouched for his "okayness." Lori and Becky modeled for other children. They were able to enhance his socialization and integration far more effectively than I ever could have done as a parent. After Jay spent a very enjoyable evening with Lori and Becky, I was telling them how much their friendship meant to Jay and to us. My heart was filled with joy when 8-year-old Lori responded, "What's the big deal, Ann? Jay's neat." The essence of neighborhood integration must be built on that principle--the joy of personal relationships.

The biggest difficulty we have encountered in neighborhoods is how to introduce Jay to others to somehow minimize the initial awkwardness of people trying to figure him out. Several months ago we had a holiday party and invited some neighbors that we had not yet gotten to know well. As usual, that evening Jay appointed himself as the official greeter; he loves to dress up in his blazer and tie and shake hands with people as they arrive. He carries out this role extremely well until he gets overly excited. When this happens, rather than introducing himself in the standard way, he reverts to echoing the way others introduce him. On this one evening, a neighbor arrived who had not yet met Jay. As Jay reached to shake his hand, he said, "Hello, this is my son, Jay," and Jay pointed to me and continued, "This is my wife, Ann." Of course, this is how Jay had heard his dad introduce both of us. The

neighbor was flabergasted to say the least. He looked at Jay and looked at me. Because I have learned that no response that one can give is devoid of awkwardness in such situations, I decided to try a completely new tact by saying, "It has been a long and wonderful relationship." Although I couldn't help but chuckle at the time, the neighbor was left totally confused. He is probably still wondering if the problem was Jay's retardation or my emotional disturbance.

In terms of neighbors, it does get old to explain the nature of the problem to them (especially when you move and have to start from scratch) and to be forever vigilant trying to ensure that they feel comfortable around Jay and vice versa. A highlight of our neighborhood interactions with Jay was attending a party at our neighbor's house. There were many people there that we did not know. The hostess had told some of the other guests about some of Jay's special needs in advance of the party. These guests were, consequently, not caught off-guard by his differences. They sought him out for conversation, interacted with him with dignity, and ensured that his participation in the party was successful. What a treat for him and for us as parents! It was honestly one of the few times that we have ever interacted with other people when I felt like I did not have to pave the way for his acceptance. My neighbor did this for me. That is one of the greatest gifts that friends can give to parents of handicapped children.

Community integration can be hard to come by. Many community programs are not geared for handicapped children. We have had major problems finding a church school program that could accomodate Jay. Even when he is physically included in a class, he typically has been socially excluded. It is such a paradox to attend church school, talk about the golden rule, and to have no

one speak to you. Church school teachers are a whole other group who need preparation for mainstreaming.

Then there are the teachers of ballet, gymnastics, and art classes; swimming instructors, scout leaders, and community librarians. These are the people who can significantly influence the degree of integration available to handicapped children. Who is training them? Where is their resource support? How do they define their role? Intervention programs that are serious about integration need to include these vital community activity leaders in their outreach efforts. A major problem now is that parents often have to assume responsibility to prepare these people to include their child in ongoing community programs. This is a major responsibility for many parents who are already overextended. Parents should not always have to be the socialization agent. Just as neighbors can help in this area, so can professionals and community leaders.

A final aspect of community integration is being able to walk down the main street of town without being stared at. Over time, handicapped people and their parents usually learn to ignore it, but it often remains a source of stigma and annoyance. Strategies are needed to deal with staring in a constructive way. Parents who become conditioned to staying at home and do not become integrated are consequences of not learning to deal with it.

In summary, I believe that integration provides valuable learning experiences for handicapped and nonhandicapped people alike. Genuine respect for human differences can be the outcome of integration. Dealing with the issues of integration provides a laboratory for us to learn the essence of Webster's definition--"to make into a whole by bringing all parts together; unify."

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# ABSTRACTS OF WORKSHOP SESSIONS

# THE INTEGRATION OF HANDICAPPED AND NONHANDICAPPED CHILDREN IN EARLY INTERVENTION WITH SPECIAL ATTENTION TO SIBLINGS

by Eleanor Baxter

The toddler program is one of four developmentally based subprograms of the UCLA Intervention Program for Handicapped Children. It consists of ten handicapped and two nonhandicapped children whose developmental ages are between 18 and 36 months. The program meets five mornings a week for two-and-a-half-hour sessions. Children may attend two, three, four, or five mornings weekly, depending on child need, parent need, and available space. This toddler program is staffed by an early childhood educator, an OT, a PT, and an early language development specialist. The medical director, a pediatrician with a subspecialty in human development, and a clinical social worker are integral parts of the staff.

In developing this model, which integrates some nonhandicapped with the handicapped children, the focus has been on providing for individual needs of young children within a framework based on knowledge of normal development and the application of principles of developmental psychology. Each child is viewed within the context of normal development with the same basic needs as all children, in addition to some that are uniquely his or her own.

Play is valued as the natural way the young child learns. The specific therapies (PT, OT, language), whenever possible, are incorporated into the child's play program to provide an unpressured integrated day in a responsive, challenging environment.

The inclusion of nonhandicapped toddlers was initiated with consideration for effects upon children, parents, and staff. It was postulated that for the

handicapped child the presence of the nonhandicapped would serve as a catalyst for social interaction, for language, and for play. The nonhandicapped child would learn from an early age to be comfortable with handicapped children.

It was recognized that the parents of handicapped children often find it painful and difficult to observe and to relate to nonhandicapped children and their parents. It was felt that within this more protective environment both sets of parents -- those of handicapped as well as those of nonhandicapped -- could develop greater ease relating to each other. Parents of handicapped children, furthermore, could more easily be guided to see those aspects of their child's behavior that are part of normal development and would be less likely to deal with all difficult behavior as manifestations of the child's handicap. It was further postulated that the presence of a few nonhandicapped children would keep the staff constantly aware of those aspects of the handicapped child's behavior that are a part of normal development. The presence of the nonhandicapped would serve to increase awareness on the part of the staff of how much the healthy child contributes to positive parent/child interaction and how much more difficult it is for the parent of the handicapped child to feel adequate and develop competence in his or her role as a parent.

Within the three years of the model demonstration and during the succeeding year, half our nonhandicapped children were siblings of handicapped children who were attending the program. Their presence forced us to consider the possible benefits and drawbacks that may occur as a result of sibling involvement in an early intervention program. This can be thought of as a ledger sheet where the asset side consists of benefits that might accrue for the handicapped child, the nonhandicapped sibs, the parents, and the staff, and the debit side is listed in terms of dangers or difficulties that might

accrue for the same people. The ledger sheet will differ for each family, depending on the particular characteristics of the sibs, the parents, and the staff involved and the dynamics of their relationships.

First, let us consider the possible benefits. For the parent, there is the obvious asset of convenience. The logistics are simpler when a parent can take two preschoolers into the same place at the same time. It may even afford the parents the possibility of squeezing into a demanding day some much needed respite time. Secondly, the opportunity exists to help the parent consider the individual needs of the nonhandicapped child as well as those of the handicapped, upon whom so much attention, time, and energy are often bestowed. Thirdly, the opportunity is present to model effective ways of dealing with sibling rivalry and sibling relationships. Also, the parent can be helped to deal with different feelings for each child. Another benefit is that the parent sees that the staff is concerned about the entire family and does not view the handicapped child in isolation. For the handicapped child, the presence of the sibling may ease the process of gradual separation, a normal developmental task with young children. The normal sib may act as a catalyst for social interaction, language, and play. The handicapped child begins to see his or her sib interacting with other children and other adults in a larger environment. The handicapped child can share with his or her sib some common group experiences such as music, singing, etc.

Now for the nonhandicapped: He or she has the opportunity for enriched experiences with objects, materials, and people that might not be available otherwise. His or her role with the handicapped sib changes. He or she no longer has to assume the role bestowed by his or her position in the family; he or she no longer has to be the helper. The nonhandicapped child may receive adult attention that might be lacking at home because of the focus on

the handicapped child. He or she may be helped to deal successfully with feelings and have them dealt with by someone other than the parent (a staff member with whom he or she has developed a trusting relationship). He or she has the opportunity to form friendships among other nonhandicapped children and is not taken for granted because he or she is normal. The staff focuses on the nonhandicapped child's individual strengths and needs.

Staff benefits include becoming more aware of the realities in the life of the parent, of the competing needs of various family members, and of the parents' need to try to achieve some balance among them. The staff may have the opportunity to observe competencies that the parent exhibits interacting with a nonhandicapped sib and take that opportunity to reinforce the parents' strength in the parent role.

I would like to turn now to some negative factors that may come into play as the consequence of sibling involvement in an early intervention program. For the parent, there may be a tendency to see a nonhandicapped child, who is generally younger if not a twin, as an attendant of the handicapped and to consider the former's enrollment in the program merely in terms of convenience. If direct participation in the program is required, the parent may have difficulty dealing with competing demands of the sibs for parental attention. Parents may think of this as basically a program for the handicapped member of the family, and find it hard to focus on the needs of the nonhandicapped child. For the handicapped child, particularly if the sib is a twin, there may be a lack of psychological space, no time away from the sib, no special place. The handicapped child may have difficulty relating to peers other than the sib and continue dependence on the sib. The nonhandicapped child may outgrow the program before the handicapped sib. The nonhandicapped child may have only a very limited number of peers who can

provide the normal give and take of toddler interaction. The staff may be so focused on the handicapped that they have to make an extra effort to provide adequately for the nonhandicapped. The nonhandicapped may experience incresed anxiety regarding their own development. The nonhandicapped has no identity of his or her own; he or she is in the sib's school. The nonhandicapped may need a special place of their own -- again, more psychological space. If the nonhandicapped sib is younger, he or she may not be ready for the group experience.

Finally, for the staff:

** Unbalanced attention to handicapped may shortchange the nonhandicapped.

** The therapist whose training has been focused on remediation of the deficit may question his or her own role regarding the nonhandicapped who do not need specific therapeutic intervention.

** If the staff has not had sufficient experience with normal children, they mayu find the nonhandicapped too rambunctious.

** The staff may feel that the demands of the nonhandicapped take time and energy away from the handicapped.

In summary, I've tried to indicate some of the factors that should be explored by program developers as they seek to provide integrated experiences for handicapped and nonhandicapped young children. A portion of a particular infant intervention program was described, some of the uinderyling assumptions were stated, and the rationale for reverse mainstreaming was articulated in terms of postulated benefits for children, parents, and staff. This was followed by a consideration of some of the possible assets and liabilities that should be considered where nonhandicapped sibs are involved in an early intervention program.

# # #

## YOUNG & SPECIAL

by Gordon Bleil

Young & Special is a 30-unit, multimedia training package for preparing those serving early childhood special students to integrate those students into mainstream environments. It is intended for inservice, preservice, or continuing education settings and can be used in leader-directed group sessions or self study.

With an audience new to the special child it is vital to stress underlying basics. It would be a mistake to assume that those for whom training is needed have the same perspective as those already trained as professionals in the field. For the existing advocates, what is needed is a neutral authoritative source to be used as a reference for implementation of programs. Young & Special is intended to be used as such a reference.

Development of Young & Special was supported by funding from the U.S. Bureau for the Education of the Handicapped (now, Special Education Programs) to Dartmouth Medical School. The principal author is Crystal E. Kaiser, Ph.D., Assistant Professor, Early Childhood Education.

Young & Special is designed to make available cross categoric training to everyone who may interact with or serve the preschool special child. Interviews with others who have faced similar situations to those likely to be encountered everywhere provide a rare breadth to the training modules. Site visits are comprehensive and through video provide vicarious experiences that may not be available otherwise.

These modules are a powerful tool to supplement local resources, and no special training is required to use the materials. There are 30 modules

designed for one-, two-, or three-hour sessions, depending on the structure used. The modules contain substantial open-ended activities which permit a leader to expand any of the sessions based on the interests and needs of the specific group. Each module contains a Leader's Guide, a Student Guide, and a videotape. Normal development, problems, and interventions are presented in separate modules in gross motor, fine motor, cognition, and language. The package is published by University Park Press, Baltimore.

# # #

# PROJECT KIK: MAINSTREAMING PRESCHOOL HANDICAPPED CHILDREN ON A STATEWIDE BASIS

by Betty Bright

The Bureau of Education for Exceptional Children (BEEC), Kentucky Department of Education, operates a project targeted at providing model services to preschool handicapped children enrolled in public school kindergartens throughout Kentucky. This project is known as Project KIK (Kentucky's Individualized Kindergartens) and is funded through Preschool Incentive Grant funds under the U.S. Education for All Handicapped Children's Act. The BEEC has planned and coordinated these efforts with the Bureau of Instruction, other offices within the Kentucky Department of Education, the Kentucky Department of Human Resources, Kentucky Head Start personnel, and many other public and private agencies throughout the commonwealth.

The intent of the initial project, which began in 1978, was to provide training to regular education teachers in the systematic identification of kindergarten children who appeared to be at risk (children possibly in need of special education and/or related services). This identification was done using the nationally recognized Learning Accomplishment Profile-Diagnostic Edition (LAP-D) developed by Anne Sanford of the Chapel Hill Training Outreach Project of Chapel Hill, North Carolina. The Chapel Hill Training Outreach Project, also a federally funded project, was able to commit extensive funds to training and technical assistance activities in Kentucky, both in the use of the LAP-D and the implementation of the Chapel Hill curriculum materials.

The goal of the current KIK project is to stimulate early childhood education for handicapped children through the original KIK activities and the

estblishment of model mainstreamed classrooms for handicapped five-year-old children in public school kindergarten settings. Twenty-four sites have been established over the last five years which stimulate statewide awareness of the full educational opportunities goal and the generation of innovative practices using individualized curricula and parent involvement. Additional components of the project include training (local, regional, and statewide), consultation, and technical assistance related to preschool programs for exceptional children. The Chapel Hill curriculum is used for the basic model for these classrooms.

The development of Project KIK was based on four premises:

** Early identification and individualized programming for high-risk and handicapped children is critical for optimal development.

** Cooperative efforts between regular and special education personnel are required to provide such services.

** A statewide and uniform assessment procedure is needed.

** Local school districts' unique needs and resources are recognized in the development of such a statewide effort.

In recognition of these premises, the REEC has held the following goals:

** To create an interdepartmental task force for planning, implementing, and evaluating a statewide system of early identification and programming for high-risk and handicapped children in Kentucky's kindergartens.

** To produce awareness and support of programming for the children in the 180 local school districts in Kentucky.

** To select an assessment instrument that could be consistently used by kindergarten teachers and other local school district personnel across the state.

** To provide a nucleus of personnel who could use the assessment instrument for identification and programming.

** To develop statewide norms for use in assessing Kentucky's kindergarten children.

** To develop a screening instrument for statewide use.

** To provide materials, methods, and technical assistance to local school districts regarding availability and use of screening, assessment, and IEP materials to provide program services to the estimated 2,600 high-risk and handicapped kindergarten children presently enrolled.

** To develop a network of model demonstration programs based on replication of the Chapel Hill Outreach Project model.

** To provide Chapel Hill Outreach Project assistance to replication model programs through statewide training and on-site consultation.

** To expand collaboration and networking by the provision of training at model program sites.

** To increase parent involvement in programs for high-risk and handicapped kindergartners.

** To evaluate progress of children in model programs through pre/post assessments and standardized tests.

** To promote local program initiatives by sharing best practices and products of model sites in an annual statewide conference.

As a result of Project KIK's efforts, REEC has documented the following results:

** Approximately 35,000 children have been assessed to date, with direct services provided to 360 handicapped children this year.

** Over 2,000 professionals have been trained in the KIK model, and over 600 agencies throughout the commonwealth have participated in KIK training.

The first documentation, however, has resulted not in numbers but in a special spirit. Kentucky has developed a team of regular educators and special educators who are working side-by-side for a common goal. Teachers who were once experiencing frustration have been provided materials, methods, and training to make each year a greater success for themselves and their students. But most of all, Project KIK has made it possible for many children to succeed who were once unserved, isolated, or segregated.

# # #

# HELP TEACHERS MAINSTREAM SPECIAL CHILDREN

by Marian Hainsworth

Teachers learn best by actively participating and incorporating relevant ideas in their own classrooms. Thus, teacher training must begin with techniques which gradually build understanding of the underlying curriculum strategies and theoretical principles. The ERIN (Early Recognition Intervention Network outreach program, Dedham, Massachusetts) approach of exploring concrete examples of educational principles and making a personal take-away version for immediate implementation is amplified by workshop simulations and group problem-solving. Self-study starter programs are illustrated through print and associated audiovisual materials.

A wide array of training techniques for awareness/consciousness-raising, learning new strategies/principles, immediate program implementation, and support coordination were demonstrated in the session. The accompanying ERIN teacher training competencies were discussed.

The ERIN Program is designed for children age 2 to 7 years and their parents, both in special preschool classroom/home programs serving children with moderate to severe special needs and in regular early childhood (nursery, Head Start, day care) and primary (K-1) programs serving mainstreamed mild to moderate special needs children integrated with their peers. The Preschool Screening System is used as the evaluation tool and has been adapted in Spanish, Chinese, Greek, Cape Verdian, Vietnamese, Italian, Portuguese, Haitian, and other languages to assemble a comprehensive profile of children's skills from birth to age 8 years. Accompanying curriculum materials and techniques are appropriate from 18 months to 8 years of age.

# THE HAMPTON INSTITUTE MAINSTREAMING MODEL (HIMM) -- NEGOTIATING LEARNING AND TRAINING ENVIRONMENTS

by Elouise Jackson
Julia Bradley
Evelyn Albert

The project is based in the Department of Elementary and Special Education and the Eva C. Mitchell Early Childhood Center of the Laboratory School at Hampton Institute, an historically and presently predominantly black college. The HIMM Project builds on the Hampton Educational Model which involves a developmental-interactive approach that recognizes that children's developmental characteristics and needs are crucial to environmental planning and interaction with children.

The Hampton Institute Mainstreaming Model serves children 2 to 5 years of age with significant developmental delays in sensory, motor, social language, and cognitive behavior. The children are from both urban and rural locales. Services to unserved black and low-income children are emphasized along with the integration (mainstreaming) of handicapped and typical children.

The curriculum uses the Vuple Assessment Battery which provides developmental performance analysis and individualized programming for the typical and atypical child. The program features an Intake/Mainstreaming Demonstration Classroom and offers services ranging from intake and mainstreaming assessment to full integration (with nonhandicapped children) into the Early Childhood Center.

An Early Childhood Special Education training program at the master's level operates from the same philosophy as the HIMM project and provides additional formalized training and manpower to support the mainstreaming

program. The master's degree program facilitator relates to the project in a consultant capacity and is responsible for competency development and internship supervision for full-time graduate interns who work up to 30 hours each weekly in the HIMM project.

The presentation focussed on the issues of implementing the demonstration project and the training program within the Early Childhood Center. Problems of space priorities, lack of established staff relationships, and parental and staff resistance to having handicapped children in the setting were overcome by negotiating a contractual agreement. The agreement addressed the above concerns as well as the operation and functions of the intake classroom, the ratio of handicapped to nonhandicapped children, the admission process, staffing patterns, and transition of handicapped children into the Early Childhood Center.

The contractual agreement further elicited the participation of the early childhood teacher in team planning, assessment, instruction, record keeping, and inservice training. HIMM teachers agreed to assist the other teachers by consulting and providing additional manpower and instructional materials to the mainstreaming classrooms.

The training program was delineated from the demonstration project within the contract to eliminate confusion and clarify roles and responsibilities.

Recommendations for Implementing Mainstreaming in a Regular Early Childhood Setting.

** All problems and issues that arise during the implementation process should be addressed. The implementation process is an ongoing one. Even with much planning and preparation, all problems and issues cannot and are not identified in advance.

** Personnel should be met on their own terms. Much of the success of implementation depends on working with personnel where they are within the context of program goals and priorities. We chose to meet this need through a negotiating format.

** Address all issues dealing with program operations directly. Upon entering a setting characterized by a distinctly different philosophical approach (e.g., an experiential program that is more intuitive than analytical), it is likely that such things as clarity of the instructional program and the technical aspects of program planning and evaluation are not clearly delineated. These elements should be addressed in a manner that clarifies each component.

# # #

# THE OTHER SIDE OF THE DESK: A PARENT'S POINT OF VIEW

by Sally McCarthy

Parents of special children are special people. They experience all the joys and sorrows of raising children while under immense stress. Most people are aware of the physical and emotional stress of living with a handicapped child, but few people realize the day-to-day stress. Relatives offer advice when they don't understand or accept the handicapping condition. Neighbors are afraid that their children will "catch it" or will be harmed by the "weird" child next door. Babysitters come once and never return. Making plans to take a vacation without the child is like planning the D-Day invasion. Parents become frustrated and exhausted. Some parents use this frustration to advocate for their children and some parents burn out.

One type of parent doesn't care or isn't aware of what is happening to the child and therefore won't advocate for the child. The second type of parent cares about the child, but doesn't know where to turn for help. These parents should have access to resource lists and advocacy workshops. You should help guide them, but most importantly, you should teach them to advocate by themselves. The last type of parent is the experienced advocate. This parent constantly is learning and passing on his or her knowledge to others.

Parent training should include an explanation of parents' and children's rights. You should prepare the parents to deal with the public school systems. They should learn all they can about PL 94-142. Early training as advocates will give the parents a solid foundation for building their child's future. Parenting skills should include behavior management for the child and

coping skills such as stress management, how to handle sibling problems, and information on support groups. Parents can get support from other parents that they can't get anywhere else.

When talking to parents, speak in plain English. One mother who was very upset called me after she had talked to a doctor about her son. It seems that the doctor had told her that her child had gross motor problems. The mother swore that her son never put his hands in his pants. Also be careful that you don't hand the parents any self-fulfilling prophecies. Be optimistic, but realistic. Tell parents that their child will be able to have a job with supervision, such as a carpenter's helper. Please don't tell them that the child "will pump gas" when he grows up. Don't put a limit on the child's future.

Parents of handicapped children are human beings. We don't want people to pity us or our children. We don't demand that you love us, just tolerate us. Please don't judge us until you've walked a mile in our shoes.

# # #

# DAY CARE: A NEW FRONTIER FOR MAINSTREAMING IN PRESCHOOL EDUCATION

by Barbara K. McCloud
Octavia B. Knight
Bertie Howard

There is mounting evidence that early identification of "high-risk" children will enable educators of these children to plan and implement a program to remediate their deficits. The importance of early intervention was discussed as: remediation of problems; minimized failure; increased communication skills; enhanced self concept; and increased socialization. A model demonstration program of early intervention at North Carolina Central University, at Durham, is geared toward the total program approach which includes strategies for helping young children interact in a mainstreamed situation.

Project TAP, An Early Aid Demonstration Model of Comprehensive Services for Preschool Handicapped Children, is a second-year demonstration project funded by the Handicapped Children's Early Education Program. The program serves developmentally delayed three- and four-year-olds in a nonuniversity-affiliated day care center. The children are in an integrated setting -- both delayed and nondelayed children are in the same class.

North Carolina leads the nation in percentage of preschool-age population served in day care programs. As of February 20, 1982, there were 81,517 children enrolled in day care centers in the state. Project TAP is demonstrating that a structured curriculum can be used successfully with this population and within the confines or limitations that day care centers experience.

The children enrolled in the project are from the lower socioeconomic level, receive tuition from the state's Division of Social Services, and receive free lunch. Most of the children are minority children from single-parent families. The children are developmentally delayed and are in an environment which places them at "high risk."

The Cycle of Services which is used to implement the structured curriculum, the Carolina Developmental Program, is outlined. The steps are: organizing the classroom; assessment using the Carolina Developmental Profile; yearly planning of individual objectives for each child; grouping for instruction; establishing an instructional schedule; monthly planning; instruction using the Carolina Developmental Curriculum; monthly review; revision of IEP based on that review; and assessment.

The director of the Lyon Park Day Care Center, the site of demonstration classrooms, has received the following responses from the teachers implementing the curriculum in their classrooms:

** The curriculum is simple, easy to understand, and simplifies planning for the whole class and for children who have varying levels of competence.

** No complicated training was required for either implementing the curriculum or using the screening instrument.

** The curriculum establishes an orderly room arrangement.

** The use of a structured curriculum has given the children a more defined sense of schedule, increased independence, and improved ability to work together.

Both the teachers and students have reacted positively to using a structured curriculum in day care. Day care can be more than child care for a day!

# # #

# OPERATIONALIZING MAINSTREAMING CAPITALIZING ON EXISTING RESOURCES

by Cheryl Mitchell

The benefits of mainstreaming are many: children learn rapidly from one another; parents increase skills, confidence, and happiness by sharing the joys and trials of child rearing; people ffom different backgrounds come to understand and appreciate one another; staff grow through transferring skills to new situations; and communities are strengthened as the opportunity for optimal growth of all citizens is increased.

Special education mainstreaming programs will provide excellent aides to the growth and development of young children with special needs and their families at the same time that they benefit the wider community. Three most valuable contributions are:

## Developing Flexible Programs Based on Child Need and Parent Desire

The most effective programs usually are those designed around and by specific individuals or families. The IEP development process, if it is based on parent concerns, offers great potential for families other than those whose children have special needs. These might include those whose parents are: working, adolescent, low income, first-time parents, being deinstitutionalized, abusive or neglectful, handicapped, in school, or isolated. These are the same families who might most benefit from mainstream settings and whose shared skills and experience will contribute substantially to the success of the program. Parents, in addition to being primary supports for their own children, are excellent and nonthreatening resources for other families.

## Developing Mainstream Opportunities for Families and Very Young Children

Though such opportunities abound for preschoolers, they are often more limited for infants, toddlers, and families. Yet it is just at this time (crucial developmental years, the transition into parenthood for some families, the adjustment to having a baby with special needs for others) that support and education are most needed and most effective.

Resources do exist locally:

** Group settings might include: day care centers and homes, Head Start programs, local playgroups, extended families, recreation programs, church and service group meetings, well-child clinics, physicians' and welfare office waiting rooms, libraries, parent/child classes, group child-care during parent support groups, infant centers, community celebrations and events.

** Consultant services may be available from: schools, mental health centers, hospitals, clinics, private physicians and nursing agencies, colleges and university groups, other early education programs, special interest associations, skilled volunteers, and other parents.

** Program staff might include: parents, high school, college and retired volunteers, church and service group members, respite care workers, and personnel from other agencies and businesses.

** Services and goods that could be shared might include: assessment materials; educational, office, and custodial supplies; equipment; transportation; physical space; insurance; competitive bidding; administrative support; computer time; planning capability; case management potential; I and R; publicity; fringe benefits; fund-raising efforts; and staff time commitments.

Special educators have a wonderful opportunity to implement programs by capitalizing on these resources.

## Developing Programs Based on Coordination of Services

Knowing that individual needs provide the impetus for implementing programs and that resources usually exist, we can examine one framework for operationalizing them. This suggests that programs are most effective if:

** Participants have a shared vision of goals and philosophy. This might be: that John learns to feed himself through his father's teaching; that a preschool education be available for any child whose parents wish to participate; that agencies work together for the good

good of clients. Shared philosophies might be: that all children need love, good physical care, and opportunities to explore, create, and express affection; that effective long-term child change is brought about by strenghtening families; that interagency coordination is efficient, cost-effective, and easier for parents to relate to.

** Inherent differences between individuals or groups are recognized and valued, and this diversity is used as a creative tension to energize programs. For example: children who are routinely neglected respond differently to group situations than those whose every move is noticed and praised; parents whose children have severe motor delays feel they are different from parents whose children have Down's Syndrome; mothers who are being battered need different kinds of support from mothers who have made a career of early childhood education; staff whose responsibility is home visiting have different priorities than those who are responsible for group child care; different agencies have different mandates, funding sources, catchment areas, priorities and modes of operation.

** Participants channel creative tension toward the shared vision in a way that is mutually acceptable and beneficial. Most often, this balance is achieved through a joint venture that includes:

-- Joint needs assessment
-- joint program planning
-- joint program development and implementation
-- joint program review and evaluation.

The goals of optimal growth and development for children and families will be reached as our communities become more hospitable and supportive settings for all families with very young children.

# # #

# INTEGRATED SPECIAL EDUCATION FOR PRESCHOOL CHILDREN: PROCEDURES AND EFFECTS

by Samuel L. Odom

Educational programs serving handicapped and nonhandicapped preschool children in the same setting have employed a variety of procedures. These programs have been labeled inconsistently, with few attempts to identify specific variables which discriminate program types. In order to provide an organization, we have identified the ratio of handicapped to nonhandicapped children as a marker variable around which other procedural variables vary. We propose that programs with a high proportion of handicapped children be termed "integrated special education programs," and those with a low proportion would be labeled "mainstreamed programs." Programmatic research is needed to identify the differing effects of these program types.

One such programmatic investigation was conducted by the Integrated Preschool Project at the University of Washington. A group of communication-disordered and a group of noncategorically grouped handicapped children were randomly assigned to integrated and nonintegrated special education classes. A comprehensive developmental assessment battery was administered at the beginning of the year and again at the end of the year.

Social interaction in the classroom was assessed observationally at various times during the year. Also, no specific classroom procedures were employed to ensure the integration of the two groups of children; this study only assessed the effects of temporal integration (i.e., physical placement in the same classroom) as defined by Kaufman, Gottlieb, Agard, and Kukic (1975). Our results indicated that signifcant gains were made by all children regardless of class placement. Significant trends which differentiated the

integrated and nonintegrated special education classes were found only for the social interaction measures.

Procedures to promote the social integration (see Kaufman, et al., 1975) of handicapped and nonhandicapped preschool children in integrated special education classes have been organized in the form of a curriculum (i.e., the Integrated Preschool Curriculum) and are being evaluated in a second study. The Integrated Preschool Curriculum contains three components:

** Socially integrative play activities have been developed to promote social interaction between the handicapped and nonhandicapped children.

** Assessment instruments have been designed to evaluate the success of the integrative activities in promoting social integration and to identify children who are socially isolated.

** Peer-mediated, behavioral interventions for increasing the frequency of positive social interaction betweeen socially isolated handicapped children and their peers have been developed for use in the classroom.

These procedure are being implemented in two integrated and one nonintegrated special education classes -- the latter class was used to measure curricular effects on social interaction among handicapped preschoolers only. The curriculum procedures are being compared with a contrast condition in comparable classes based upon, but not a complete replication of, the "work time" component of the High/Scope model (Hohmann, Banet, and Weikart, (1979). Results are currently being analyzed.

# # #

# ACHIEVING OPTIMAL INTEGRATION OF HANDICAPPED AND NONHANDICAPPED PRESCHOOLERS IN MAINSTREAMED SETTINGS: RESEARCH IMPLICATIONS FOR TEACHERS

by Nancy Peterson

There is a growing body of research literature on the issue of social or instructional integration of handicapped and nonhandicapped preschoolers in both traditional mainstream and reverse mainstream settings. Likewise, an increasing number of regular and spcial preschools are incorporating mainstreaming as a part of their program model. One of the major questions surrounding the mainstreaming movement in early childhood settings concerns the degree of social and instructional integration achieved among mixed groups of children. For example, researchers and program staff alike typically have aksed questions such as:

** To what extent do handicapped and nonhandicapped children actually associate with one another and interact during nonstructured free-choice activities which are so typical of preschool curricula?

** Do handicapped and nonhandicapped children work and play together in ways that facilitate the assumed benefits of mainstreaming?

Research by this presenter and others in the field suggests that real integration is not necessarily an automatic outcome when handicapped and normally developing preschoolers are enrolled in the same classroom. Neither can it be assumed that the nonhandicapped children will act as good models for their peers or that the handicapped children will observe and imitate desired behaviors without deliberate programming by their teachers. In fact, research by this presenter has revealed several significant findings in regard to the integration of such children. Here are a few:

** While handicapped and nonhandicapped children do interact and associate with each other,, handicapped children interact with handicapped peers significantly more often than with nonhandicapped

peers. Similarly, normally developing children are more likely to seek out other nonhandicapped children, especially when interaction occurs with just one peer.

** Play materials and equipment appear to affect the degree of interaction between children as well as their peer selections. For example, some toys elicit isolate behavior while others generate social interactions because they are used best if one or more children work together. Furthermore, handicapped and nonhandicapped children appear to play together more when available toys allow a wide variety of skill levels than when the materials require more sophisticated motor, intellectual, or social behavior.

** Greater levels of social integration appear to be achieved between handicapped and nonhandicapped peers when they are together in a playground environment than when they are in a classroom environment. Handicapped children tend to associate with both handicapped and nonhandicapped peers singly and in mixed groups more frequently on the playground than in classroom settings.

Research findings such as these suggest that teachers must be alert to ways they can engineer beneficial forms of interaction among handicapped and nonhandicapped classmates. These findings, coupled with the experience of the presenter and her staff operating an integrated preschool for ten years, attest to the fact that the success of mainstreaming is highly dependent upon what teachers do to make it work for children. Integration offers many exciting benefits. But once children are co-enrolled, the greater issue is one of how well teachers respond to curricular and instructional changes necessary to accommodate the needs of both handicapped and nonhandicapped children. Teachers' actions, it seems, determine to a large extent if true social and instructional integration will be realized. Mainstreaming creates a number of new considerations which affect teacher roles and responsibilities:

** The diversity of children and child needs is expanded significantly, thus placing increased importance on individualization of curricula and instructional activities for each child.

** The complexity of program operations in regard to curriculum planning, scheduling of several concurrent activities, and staff coordination is increased. Thus, the necessity is greater for

formalized systems of daily/weekly/monthly activity planning, program implementation, and staff coordination of activities with each child.

** The diversity of learning needs and instructional programs to meet individual child needs increases the necessity of more sophisticated record keeping systems to track children's individual instructional programs and to monitor their progress.

** The multiple and diverse needs of mixed groups of children increase the necessity to develop alternative methods of teaching applicable to both populations of handicapped and nonhandicapped children and which facilitate the delivery of more highly individualized learning activities.

** The diversity of people that become involved in mainstreaming programs enlarges the number of people with whom program activities must be coordinated.

###

# WHAT TO MEASURE WHEN EVALUATING THE EFFECTS OF EARLY CHILDHOOD MAINSTREAMING

by Joan Ruskus

This presentation provided a review of the most prominent research in early childhood mainstreaming from 1971 to 1982, focusing on the dependent measures most commonly targeted, the shortcomings of the research in general, and suggestions for future inquiry to evaluate the efficacy of mainstreaming.

Empirical investigations of mainstreaming have focused on three basic questions:

1) Does the practice of integrating handicapped and nonhandicapped children affect developmental outcomes for either group?

2) Do varieties of cross-group social instruction contribute to therapeutic outcomes, as hypothesized?

3) Is integration of handicapped and nonhandicapped preschool children associated with improvement in social attitudes of peers, parents, and professionals toward children with handicaps?

Research addressing developmental outcomes was of two types: comparison and demonstration. Comparison studies directly compared developmental outcomes of integrated versus segregated services, while demonstration studies simply demonstrated outcomes using a comparison of actual with expected gains on developmental indices. Generally, this research failed to provide a firm basis for concluding the superiority of either integrated or segregated services. The trend was definitely in the direction of developmental gains for handicapped children, but due to methodological problems, the data is weak and inconclusive.

Studies reviewed under the rubric of cross-group social instruction included peer interaction, verbal interaction, imitation of adaptive behavior, and the training of social interaction. In general, this line of research

points to small developmental differences between handicapped and nonhandicapped classmates being associated with minimal social discrimination. When moderately or severely handicapped children were included in the mainstreaming activity, the likelihood of ongoing interaction lessened. Results of studies to train social interaction were positive for the most part, but generalization was difficult to achieve.

There were very few studies addressing attitudinal variables. There was some data to suggest that increased contact between mildly handicapped preschoolers and nonhandicapped preschoolers resulted in improved attitudes. However, there is little empirical evidence investigating attitudes and how they fluctuate as a function of integration.

The methodological problems most frequent among the early mainstreaming research reviewed were: the necessity of emloying quasi-experimental designs since randomization to groups was impractical; the matching of subjects in experimental and control groups on dependent measures; the reliance on pre to post comparisons for demonstrating effects; the reliability and validity inadequacies of the instruments used to measure levels of dependent variables, and the marginal statistical significance of effects.

Since there are so many possible mainstreaming arrangements and accompanying confounding variables, it was suggested that instead of concentrating on the main effects of mainstreaming, future research investigate program variables that are effective. Such variables would be the degree of structure provided in the integrated program, relative developmental status of the handicapped and nonhandicapped children, group size, and ratio of handicapped to nonhandicapped, to name a few.

In conclusion, there are no clear, reliable outcomes of mainstreaming at the early childhood level. The research must focus on isolating discrete

program and population variables and producing results which other researchers and program implementers can replicate.

# # #

# NEW FRIENDS: SENSITIVITY TRAINING FOR MAINSTREAMING

by Anne Sanford

With the significant increase in the number of handicapped youngsters who currently are being mainstreamed with nonhandicapped peers, professionals are aware of a growing need for effective communication which will dispel myths and stereotypes usually associated with various handicapped conditions.

In response to this need, the Chapel Hill (North Carolina) Project has conducted a number of workshops designed to facilitate the communication of accurate information to nonhandicapped peers, teachers, parents, and siblings of the disabled youngster.

Entitled "New Friends," the workshop capitalizes on the potential strengths of interaction with handicapped dolls to stimulate uninhibited questioning and expressions of concern regarding a disabling condition.

Though the workshop package is still in a developmental stage, the enthusiastic response from colleagues and parents in the field has stimulated a variety of issues and methods for consideration in creating meaningful dialogue on specific handicaps.

The experimental use of the New Friends training package has generated goals which may meet the unique needs of a specific setting or population. Some agencies have conducted a doll production workshop for parents which serves as a forum for group discussion of various handicapped conditions.

New Friends has also helped prepare a child and his peers for sessions with a therapist. The nonthreatening dialogue with New Friends can clarify many distortions which may have developed because of incomplete or inaccurate information. The professional literature documents that children do have

unexpressed concerns. The failture to create opportunity for discussion of these can be interpreted as denial and may generate confusion for the child with unaswered fears or concerns.

Use of simulation activities, role-playing, educational units, and visits by handicapped adults have supplemented the use of the dolls to facilitate open and stress-free communication in the classroom.

A variety of resources have been utilized in actual production of the dolls, incuding: scouts, church groups, vocational rehab students, parents, the Assocation for Retarded Citizens, home economics classes, and foster grandparents.

The training package includes patterns and instructions for making the dolls and suggestions for accessories such as hair and facial features. Used children's clothing has provided creative and inexpensive opportunities for developing doll wardrobes that stimulate imaginative play.

The use of props such as glasses, braces, hearing aides, and white canes has facilitated the development of healthy attitudes toward individual differences.

The Chapel Hill Project solicits information on materials, research, and other training resources which can be shared with other colleagues. Feedback from collaborating agencies on personal experiences, effective strategies, and problems in the training process is considered vital to the development of this product.

# # #

# EFFECTS OF DEVELOPMENTALLY INTEGRATED AND SEGREGATED SETTINGS ON AUTISTIC CHILDREN'S SOCIAL BEHAVIOR CHANGE

by Phillip S. Strain

This study was specifically designed to test the notion that a developmentally integrated setting would yield superior generalized behavior change than would a developmentally segrated setting.

Four autistic boys served as target subjects. Each day, three 20-minute play sessions were conducted. Settings were devoted to peer-mediated training, integrated generalization assessment, and segregated generalization assessment. The order of the three sessions was counterbalanced across the days of the study. The study employed a multiple baseline design across subjects to demonstrate experimental control over the subjects' positive social interaction and a combined multiple baseline and simultaneous treatment design to evaluate the impact of developmentally segrated and developmentally integrated settings on generalized behavior change.

During the baseline condition, each boy engaged in consistently low levels of positive interaction during all sessions. During the Peer Social Initiations I condition, each boy was exposed sequentially to a peer-mediated treatment package. Each day of this condition an integrated and a segregated generalization session was conducted. Only when the boys were exposed to the intervention did their level of positive interaction increase during training sessions.

In the final condition, Peer Social Initiations II, treatment continued without alteration. However, now both generalization sessions were

integrated. Clearly superior generalization effects were obtained for each boy during integrated sessions.

The results of this study have clear social policy implications vis a vis Public Law 94-142 and its controversial stipulation for the placement of handicapped children in the least restrictive environment.

# # #

# THE FAMILY RESOURCE NETWORK: A COMMUNITY APPROACH TO MAINSTREAMING HANDICAPPED PRESCHOOL CHILDREN

by Kaye Theimer
Judy Berry

The focus of this presentation is the relationship within a family network which includes a young child with disabilities and the family unit's impact on the larger social systems. For years, psychologists and educators have centered attention on the individual child with a diagnosed exceptionality. With a growing trend towards looking at the entire system in amelieorating problems, the family resource network is presented as an alternative to integrate preschool handicapped children into regular settings.

## Description of Family Resource Network

The traditional ways of handling families who have exceptional children include referral for diagnosis and subsequent placement of the child in a special classroom or institution. From the initial contact, the network approach uses a conceptual framework similar to Haley (1973, 1976, 1980) to focus on the family as a system. Family structure, hierarchy, and life cycle are included as important factors to consider.

## Negotiating the System through Resources

The basic family needs assessment process must occur early in the contact with a family. The community interaction is presented in this paper with attention to importance of establishing the first contact in a supportive framework for the family. The family network is implemented by following an interdisciplinary team approach to intake and diagnosis. The unique aspect is the follow-up with the family. An individual plan for the family and child

placed in an integrated setting is essential, and a central support system to help implement the program is necessary.

Following selection of an intergrated placement, a scheduled follow-up visit twice a month to the school is arranged. This provides smooth transition and a relationship between the center and school is formalized. School evaluations of the resource network are conducted every six months to be used in decision-making processes.

Parental Concerns in the Family Resource Network

This paper addresses problems that may be encountered when a young exceptional child is integrated into a regular setting. Among the major issues are separation/individuation, loss, and eventual acceptance. Actions that facilitate the family's goals of accepting responsibility for the handicapped child, (i.e. the child's case manager) include direct intervention in instruction, sibling groups, self-support groups, and family networking in crisis situations.

A systems framework provides a vehicle for change in the family which follows the advice of Foster, Berger, and McLean (1981) "to stop thinking of parent involvement as implying a specific set of activities." A handicapped child presents the family with a complex set of needs and family networking is an effective way to provide necessary support to these families, particularly when the child enters the mainstream.

# # #

# PREPARING FOR MAINSTREAMING: THE TRANSITION CURRICULUM

by Amy L. Toole
Ellen Boehm

The transition program for mildly handicapped and special needs children is offered by the Regional Program for Preschool Handicapped Children at Yorktown Heights, New York. The program provides a kindergarten readiness curriculum to children who need to develop more skills in order to be successful in kindergarten. These may be children who are graduating from a preschool program for handicapped children, head start, a nursery setting, or children who are identified as having special needs when screened for kindergarten.

The curriculum developed by this project stresses mainstreaming preparation for handicapped children, their nonhandicapped peers, families, and school personnel. Methods for preparing handicapped children for mainstreaming include: integrating the children with their nonhandicapped peers for school group activities, such as assembly, lunch, recess and trips, as well as integrating children individually into special subjects when appropriate. Children become involved in the kindergarten daily routine and participate in selected kindergarten activities. Orientation sessions are held for them prior to mainstreaming, and group meetings for parents describe the mainstream process.

The curriculum for nonhandicapped peers, their parents, and school personnel includes consultation with the regular classroom teacher by the transition teacher and distribution to teachers of book lists about children with handicaps. A most important aspect of this portion of the curriculum is the methods used by the transition teacher to familiarize the children in

regular classes with the special needs of others. Kindergarten youngsters also participate in the daily routine of the transition program, and their parents are invited to attend monthly group meetings.

The daily activities of the transition class form the major core of the transition curriculum. All activities were researched and designed to prepare children for success in the regular classroom. A full day program is provided. Emphasis is placed on individualized instruction, structured daily routine, developmental sequenced readiness activities in reading, math, social studies, and science. Play is used as an instructional method to emphasize the learning of skills and to provide children with opportunities to express themselves and interact with their nonhandicapped peers.

# # #

# The Role of Specialists Integrating Instruction in Mainstreaming Classrooms

by Mary Vernacchia
Valerie Di Giacomo
Kathy Bubser

The Cognitive Linguistic Intervention Program (CLIP) provides special educational services to mildly and moderately impaired young children (ages 2 to 6) who exhibit difficulties in cognitive and lingusitic development.

The key features of CLIP are the transdisciplinary staff approach, intervention within the classroom setting, a facilitation approach by specialists, and the integration of curriculum and instructional goals with the special child's needs in the mainstreaming classroom.

** Transdisciplinary Team Approach. CLIP transdisciplinary teams utilize the expertise of the speech/language pathologist, the learning disabilities teacher consultant, and the classroom teacher. Together, the three members share in screening and designing and implementing instructional plans for children.

** IEP objectives reflect both language and cognitive processes. Some children may receive instruction from both the speech/language pathologist and learning consultant. Others may receive instruction from one specialist who incorporates team members' ideas into the teaching strategies.

** Intervention within the Classroom Setting. The CLIP team works with the teacher to match the cognitive/language skills to be taught to the work that is already going on in the class. The teacher remains a part of the program for the child and the teacher's knowledge of the youngster along with the specialized skill of the CLIP team provide an individualized program of activities for each child. CLIP specialists utilize a variety of concrete manipulative materials and experiential learning.

Classroom teachers learn by observing diagnostic/prescriptive teaching, integration of cognitive and linguistic skill development within the curriculum, and participating in evaluating the mastery of skills attained by CLIP children.

** Facilitation Approach. As the child is engaged in a classroom activity, CLIP specialists acting as facilitators model appropriate

language forms, supply vocabulary, expand upon the child's language, or describe the experience for the child. The specialist interacts with the child within a meaningful context while capturing "teachable moments."

The language facilitator may vary the model language form the child is expected to produce, the object and actions occuring around the child that make these forms meaningful, and the social context in which these language exchanges take place.

The key to facilitating the growth of language/learning skills is to introduce language forms and content and repeat them until the child integrates those language forms that have not been learned incidentally.

The activities that best serve to demonstrate the concepts that make up the content of language come from the child's everyday experiences. The situations that consistently arise within the classroom (block play, role playing, etc.) offer opportunities to illustrate concepts that language codes.

** Curriculum Coordination. Both CLIP and the Primary Unit Program operate from a developmental viewpoint and therefore are similar in philosophy and approach.

The child's learning experiences are based on developmental level, rather than on age. Appropriate activities for developing skills and enriching the child's background are provided. Curriculum areas include experiences in cognitive, linguistic, physical, affective development, and awareness of other cultures.

During individual instructional sessions, CLIP offers the child intensified language development experiences within the context of the basic curriculum.

Within the direct service model assessment, IEP development, intervention, evaluation, and follow-up are clearly defined and thoroughly implemented for each child.

Instructional strategies specifically are designed to improve the child's language abilities so that he or she can cope with the academic demands of the learning situations which will be encountered as the child moves through the primary grades. This preventive treatment concept has been stressed with parents and teachers in all training activities offered by the CLIP staff.

# # #

## LEARNING TOGETHER - BEYOND MAINSTREAMING TO INTERDEPENDENCY

by Julia Williams

The development, structure, specific techniques, and results of interdependency education were discussed by the Director and Founder of Learning Together, Inc. This school for young handicapped, normal, and gifted children was mainstreaming handicapped children ten years before Public Law 94-142. Learning Together was the pilot program for a cost-effectiveness study by the Social Services Research Institute at Washington, D.C., and the Day Care Section of the North Carolina Department of Human Resources. Presented results of this study covered these points:

** The development of interdependency -- a look at the human, social, cultural, and economic factors that lead to interdependency.

** Specific administrative and classroom organization structures to enable interdependency.

** Supportive Community -- developing the solid community base for healthy interdependency.

** Teaching techniques and underlying curriculum framework for experiencing the highest goals of mainstreaming.

** The Results -- a look at case studies, materials developed at Learning Together, and a cost-effectiveness study on mainstreaming young handicapped children.

# # #

# PARENTS' PERSPECTIVES ON PRESCHOOL MAINSTREAMING

by Pam Winton

This presentation focused on data from two research studies on parents' perspectives of preschool mainstreaming.

In Study Two, parents of handicapped (n=50) and nonhandicapped (n=50) children enrolled in mainstreamed, public school kindergartens in four different states were interviewed by telephone using a questionnaire on mainstreaming developed during Study One.

The content of the presentation was organized into the following three parts:

(1) The preschool choice (factors which influence parents' choices of preschools).

(2) Parents' perspective of the impact of choosing a mainstreamed versus a specialized preschool.

(3) Parents' perspectives on the pros and cons of preschool mainstreaming.

Data from Study One were presented in Parts I and II. Data from Study One and Two were presented in Part III. The results included the following:

** Factors which influenced parents' choices of preschools. The major factor which influenced parents' choices of preschools was the presence of a warm, sensitive, and qualified teacher. Parents had several expectations of teachers: that they be accepting of and qualified to work with handicappped children, be available to talk with parents on an informal but frequent basis, and be willing and competent to take over the education of their handicapped children so that parents could relax and take a break from this responsibility.

The major difference between the mainstreamed and specialized group in terms of what they were looking for in a preschool was the emphasis placed on real-world exposure by parents in the mainstreamed group.

** Impact of choosing a mainstreamed versus a specialized preschool. The possible consequences of choosing a mainstreamed versus specialized preschool included the following:

(1) Presence of a period of adjustment when child is first enrolled in a mainstreamed preschool.

(2) Difficulty for parents in locating mainstreamed preschools receptive to serving handicapped children.

(3) Impact of child's peer group on parents.

(4) Impact of parent peer group on parents.

** Parents' perspectives on the pros and cons of mainstreaming. The parents of handicapped preschoolers interviewed in Study One and the parents of handicapped and nonhandicapped children interviewed in Study Two differed in terms of their perceptions of the greatest benefits of mainstreaming. Parents of nonhandicappped children felt the greatest benefit of mainstreaming is that it helps nonhandicapped children learn about differences in the way people grow and develop. Parents of handicapped children felt the greatest benefit is that it prepares handicapped children for the real world. These findings suggest that parents of nonhandicapped children view mainstreaming as a positive rather than negative experience for their children.

# # #

# BUILDING A WINNING TEAM: CRITERIA FOR SELECTING NONHANDICAPPED PRESCHOOLERS FOR MAINSTREAMING

by Michael Woodard

Successful mainstreaming depends a lot on the characteristics and experience of the children involved. Usually, teachers are able to prepare for handicapped children by using the many sources of information available to them: parents, evaluation results, the IEP, other professionals' experience with the child, and direct observation. What teachers very quickly discover in a mainstreaming effort is that the nonhandicapped children have great influence on the success of integration (there are typically more non-handicapped children). And since very little information is available to teachers on the nonhandicapped children, teachers are unable to predict and plan for the sometimes difficult interactions among children. Often, by the time the teacher understands the dynamics, it is too late for mainstreaming.

Fortunately, child development theory, research on temperament, and preschool "best practice" can provide plenty of information to help teachers and administrators decide whether a nonhandicapped child is ready or at risk for mainstreaming. These same sources can help spot the child who might also be a natural for mainstreaming.

For example, research on temperament has verified what parents and teachers have known all along: that some children are consistently difficult and others are consistently easy to manage. A difficult child in a mainstreaming classroom can be a drain on teacher energy, while an easy child typically is able to go with the flow. It is the easy child who is most likely to become a helper, maybe even a friend to a handicapped child.

Physical traits and abilities can affect mainstreaming. For example, a very small child can be bumped about by a child not able to control his body, while big kids can take the bumps in stride. A chronically ill child, while not handicapped, may need more attention than a teacher who is mainstreaming can easily spare.

Cognitive development can affect mainstreaming. Children who do not yet grasp the concepts of "different" or "handicapped" are often much more accepting of individual differences than children who are more discriminating. On the other hand, less egocentric children are better able to tolerate the "accidents" that seem a part of mainstreaming, realizing that they did not cause the commotion. Finally, cognitively advanced children who are able to ask questions about differences can be very useful.

Social development plays a part, too. Toddlers working on issues of power with adults carry more intensity than mainstreaming can usually bear. Children undergoing their first separation from home can complicate mainstreaming. Conversely, children who have successfully completed a year of preschool are often quite relaxed about mainstreaming, especially if they have the same teacher. The child who can fend for himself or herself verbally and physically is an asset to mainstreaming.

Certain experiences common to childhood can affect the nonhandicapped child's ability to cope with mainstreaming. A new baby in the family can be such an experience. Other disruptions in the family -- separation or divorce, illness, death, unemployment, a move to a new home -- can render the child temporarily needy and thus not up to mainstreaming. Also, "only" children are sometimes less willing to share the teacher's attention with the handicapped child.

SUMMARY: REACTION OPPORTUNITIES

## SUMMARY: REACTION OPPORTUNITIES

Joan Anderson
Betty Bright
Susan Fowler
Elouise Jackson
Barbara McCloud
Sam Odom

The agenda for the last morning of the workshop incorporated small-group reaction opportunities for all workshop participants. Gathering informally in circles of approximately ten each, the participants were asked to respond to several questions concerning their workshop experiences and learnings. Five participants who were also presenters or planning committee members served as facilitators for these groups. Following the small-group discussions, each reported his or her group's thoughts to the reassembled large group. These questions were catalysts for discussion:

** Were any pro or con issues not identified at the workshop?

** What aspects of your thinking about mainstreaming have been modified?

** What thoughts did you have that were confirmed here?

** What have you learned at the workshop?

** What might you do differently in your program?

** What unanswered questions do you have?

Participant comments in general supported the planning committee's intent that the workshop should not solely promote mainstreaming but should examine the data and explore the benefit and possible detriment to children, parents, and staff. Participants expressed their ideas as confirmations or new learnings, and they acknowledged that there are no absolutes.

The conference clarified a developing realization that life-long educational planning is critical if the special needs of exceptional children are to be met most appropriately. The significance of the preschool years for

mainstreaming (or not) were noted, as was the fact that opportunities for later mainstreaming may be limited if the handicapped child is segregated too early. Future decisions regarding integration may be biased toward segregation. An alternate possibility is that segregated, specialized early intervention may ease later mainstreaming. Because their educational needs may change, the definition of the child's most appropriate and least restrictive educational placement may change. A return to segregated settings at certain times or for certain activities may better prepare some children for the cognitive or vocational demands of a mainstreamed life. Long-term objectives should consider not only one-year attainments, but how these attainments interface with the goals of the next year, the next setting, and the next stage of the child's development.

Confirmed at the workshop were: the need for intensive preservice and inservice training; the importance of a good working relationship between special educators and regular educators; and the importance of resources for a teacher who is mainstreaming a child or children. The need to mandate inservice training and to reconceptualize its format so as to provide individualized, practical options for all school personnel (including teachers, staff, and administrators) was cited. Several examples were provided in workshop presentations.

Another concern was the lack of preparation of the nonhandicapped children for the placement of the handicapped children in the mainstreamed class. Participants made several suggestions. Knowledge about handicapping conditions should be shared with the nonhandicapped class members. Simulation activities could help the children experience how handicaps feel and the problem that handicapped children encounter. Also, the nonhandicapped children could serve as peer tutors or assistants in classes for handicapped

children. This discussion led to a proposed unintended effect of mainstreaming. By positive exposure to handicapped children in the public school, some normally developing children may become interested in careers involving work with handicapped individuals (e.g., special education, vocational rehabilitation, etc.).

Small-group members emphasized the need to mainstream services provided for special needs of children. More collaboration is needed: 1) between special and regular services in meeting the child's daily needs, 2) between the children's primary teachers (e.g., preschool, kindergarten, first grade) to plan their yearly needs and transitions, and 3) between community and state agencies to plan for the child's long-term needs. The special interests of each group often times impede the delivery of the most appropriate services. Head Start was specifically mentioned as an alternative mainstreaming educational resource for young handicapped children.

The needs of parents were discussed. The keynote address and several of the workshops made the participants vividly aware that a variety of options need to be provided for parent participation or nonparticipation. The participants reported a greater sensitivity to the special problems and demands of parenting a handicapped child. Integration of the parents of handicapped children into a parent group in the mainstreamed setting was an expressed concern. Participation in the parent group is very important, but this group may not meet all the needs of the parents of handicapped children. When this occurs, the parents may form their own support group that meets separately; participation in both groups seemed to be a viable option for parents of handicapped children in mainstreamed classes.

Concerns were expressed about education of severely/profoundly handicapped children and the services provided to them. Often, this

population is not served, and when educational services are provided they are located in special centers or nonintegrated classes in regular school. There is little agreement about how mainstreaming relates to the severely/profoundly handicapped, and the participants came to no definite conclusions. One suggestion was that simply moving to a class of higher functioning, special education children (e.g., a TMH class) might constitute mainstreaming for the severely handicapped individual.

In summary, the groups enthusiastically endorsed the format of the workshop. The range of presentations, the opportunity for small-group discussions, and the chance to meet and discuss with other professionals the issue of mainstreaming in the preschool years and beyond were specifically mentioned as assets. Workshop evaluation data revealed that, as an agenda item, these small-group discussions were rated second only to the keynote address.

APPENDICES

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** Media

** Workshop Agenda

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## AUDIOVISUAL MEDIA SHOWN

FILM: "Children Are Not Problems: They Are People," University of Kansas

FILM: "Multi-Level Teaching for Normal and Handicapped Children," University of Kansas

FILM: "Hello Somebody," Project RHISE, Rockford, Illinois

SLIDE/TAPE: "Parent Participation in C.L.I.P.," The Cognitive-Linguistic Intervention Project (C.L.I.P.), Montclair, New Jersey

SLIDE/TAPE: "Project CIEEP," The Community Interaction Early Education Program, Tulsa, Oklahoma

SLIDES: "Mainstreaming in Day Care: Tips for Teachers," The Kendall Center, Greensboro, North Carolina

SLIDES: Town Day Care, Glace Bay, Nova Scotia, Canada

FILMSTRIPS: "Early Childhood Mainstreaming Series: Visual Impairment; Speech and Language," Campus Film Distributors, developed at Texas Southern Univeristy

TADS' WORKSHOP

ON

MAINSTREAMING PRESCHOOL HANDICAPPED CHILDREN

March 15-17, 1982

Howard Johnson's - Crabtree

Raleigh, North Carolina

Mainstreaming has become an established concept in special education, but what special problems, issues, and opportunities does mainstreaming present to the preschool child, his family, his teachers, and his school? Exploring the implications of mainstreaming for early childhood special education is the purpose of this TADS' Workshop. The workshop is open to all interested Handicapped Children's Early Education Program (HCEEP) grantees and to others interested in the education of young handicapped children. The workshop is designed to:

*Facilitate communication among researchers, teachers, administrators, and personnel trainers.*

*Exchange information and ideas on best practices and directions for the future.*

*Explore issues of common concern, especially the pros and cons of mainstreaming preschool children.*

AGENDA

MONDAY, MARCH 15

| | |
|---|---|
| 6:30 p.m. - 8:00 p.m. | Registration |
| 8:00 p.m. - 9:30 p.m. | Welcome ... Tal Black and Joan Anderson, TADS |
| | Introduction of Keynote Speaker ... James J. Gallagher, Director<br>Frank Porter Graham Child Development Center<br>University of North Carolina at Chapel Hill |
| | Keynote Address "Integration of the Handicapped Child in the Family, School and Community" ... Ann Turnbull, University of Kansas |
| | Questions from the Audience |
| 9:30 p.m. - 10:30 p.m. | Cash Bar Reception |

See reverse side of this page for
Tuesday and Wednesday Agenda

TUESDAY, MARCH 16

| | |
|---|---|
| 8:00 a.m. - 8:30 a.m. | Registration |
| 8:30 a.m. - 10:00 a.m. | Southern Style Buffet Breakfast followed by Reports of Mainstreaming Issues Discussions: |
| | Defining Mainstreaming/Administrative and Legal Concerns ... Michael Guralnick, Ohio State University |
| | The Child ... Phil Strain, University of Pittsburgh |
| | The Family ... Dot Cansler, Chapel Hill Outreach |
| | Training ... Nancy Peterson, University of Kansas |
| 10:00 a.m. - 10:15 a.m. | BREAK |
| 10:15 a.m. - 11:00 a.m. | Concurrent Sessions * |
| 11:00 a.m. - 11:15 a.m. | Coffee Break - Poolside |
| 11:15 a.m. - NOON | Concurrent Sessions * |
| NOON - 1:15 p.m. | LUNCH On - Your - Own |
| 1:15 p.m. - 2:15 p.m. | Concurrent Sessions * |
| 2:15 p.m. - 2:30 p.m. | BREAK |
| 2:30 p.m. - 3:30 p.m. | Concurrent Sessions * |
| 3:30 p.m. - 3:45 p.m. | BREAK - Cold Drinks Poolside |
| 3:45 p.m. - 4:45 p.m. | Concurrent Sessions * |

Evening Free

WEDNESDAY, MARCH 17

| | |
|---|---|
| 8:30 a.m. - 9:00 a.m. | Breakfast Available, "English Muffin Extras" |
| 9:00 a.m. - 9:15 a.m. | Introduction to the Day |
| 9:15 a.m. - 9:45 a.m. | "Issues in Preschool Mainstreaming" ... Marian Hainsworth, Project ERIN, Dedham, Massachusetts and David L. Lillie, University of North Carolina, Chapel Hill |
| 9:45 a.m. - 10:45 a.m. | Reaction Opportunities in Small Groups |
| 10:45 a.m. - 11:00 a.m. | COFFEE BREAK - Poolside |
| 11:00 a.m. - 11:45 a.m. | Talk Back, Summaries from Small Groups |
| 11:45 a.m. - 12:00 Noon | Closing Remarks |
| | Workshop Evaluation |